

32692

Customer Number

Patent
Case No.: 59010US002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

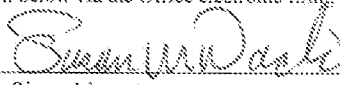
First Named Inventor: FLANNIGAN, PAUL J.
Application No.: 10/719959 Confirmation No.: 3577
Filed: November 21, 2003
Title: RESPIRATORY FACEPIECE AND METHOD OF MAKING A FACEPIECE
USING SEPARATE MOLDS

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]
I hereby certify that this correspondence is being transmitted to United States Patent and
Trademark Office on the date shown below via the Office electronic filing system.

June 5, 2007
Date


Signed by: Susan M. Dacko

Dear Sir:

In response to the Office Action sent on May 8, 2007, please amend this application as set forth below.

Fees

- ☒ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended							
(1)	(2)	(3)	(4)		(5)	(6)	(7)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee
Total Claims	26	Minus	**	23	3	x \$50.00	\$150.00
Independent Claims	3	Minus	***	3	0	x \$200.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$360.00	
Total Additional Fee For This Amendment							\$150.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							